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PTO/SB/21 (09-04)
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	10/506,522
Filing Date	September 3, 2004
First Named Inventor	Guy LaTORRE
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	USB.10279

Total Number of Pages in This Submission

4

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218. This paper is submitted in duplicate.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hutchison & Mason PLLC		
Signature	<i>Mary B. Grant</i>		
Printed name	Mary B. Grant		
Date	3/30/05	Reg. No.	32,176

CERTIFICATE OF TRANSMISSION/MAILING

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Signature *Jennie P. Shead*

Typed or printed name Jennie P. Shead Date 3/30/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent
Attorney Docket No. USB.10279

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guy LaTORRE et al.

Application No.: 10/506,522

Group Art Unit: Unassigned

Filing Date: September 3, 2004

Examiner: Unassigned

Title: Methods of Treating Hair

Confirmation No.: Unassigned

SECOND INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. A copy of the document cited and required by 37 C.F.R. § 1.98 is enclosed.

To assist the Examiner, the document is listed on the attached form PTO/SB/08. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The cited document is being submitted within three (3) months of the filing or entry of the national stage of this application or before the first Office Action on the merits, whichever is later. Since the document is being filed within the time period set forth in 37 C.F.R. § 1.97(b), no fee or statement is required.

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218.

Respectfully submitted,

HUTCHISON & MASON PLLC

Date: 3/30/05

By: Mary B. Grant
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Jennie Sneed
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(Signature of Person Signing Certificate)

Date of Signing: 3/30/05

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PTO/SB/00A(08-03)

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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
 (Use as many sheets as necessary)

Sheet 1 of 1



Complete if Known

Application Number	10/506,522
Filing Date	September 3, 2004
First Named Inventor	LaTORRE, Guy
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket No:	USB.10279

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Abstract, Translation, English Language Equivalent or Search Report
	WO-01/72262	10/04/2001		

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Abstract, Translation, English Language Equivalent or Search Report

EXAMINER /S.N./

/Shyam Nathan/

DATE CONSIDERED

12/12/2008

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 608. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication under separate cover.

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